GENERAL/FLAG OFFICEI For use of this form							REQUIREMENT CONTROL SYMBOL ENG-328
1. DATE PREPARED (YYYYMMDD)	2. FIS	CAL QUARTER	3. FISCAL YE	AR	4. IMCOM REGION	1	
5. GFOQ ADDRESS					6. BLDG #/QTRS II)	7. YEAR BUILT
8. REPORTING INSTALLATION	9. LOCATION	LOCATION 10a. SIZE (NSF)				<u></u>	
			10b. SIZE (GSF)			
11. RESIDENT RANK & NAME 12		12. POSITION	13. SPECIAL COMMAND POSITION (MAND POSITION COD	E 14.	DATE ASSIGNED (YYYYMMDD)
15. NATIONAL HISTORICAL REGIST	ERS				16. LEASED		
YES	NO		ELIGIBL	E	YES		NO
		EXPENDITURES	S (Express cost	to the n	earest dollar)		
DESCRIPTION		THIS	QUARTER	١	YEAR TO DATE	BUD	OGET ESTIMATE CURRENT FY
17. OPERATIONS							
a. Management							
b. Services							
c. Furnishings (See note 1.)							
d. Miscellaneous							
e. SUBTOTAL (17a thru 17d)							
f. Utilities							
g. TOTAL OPERATIONS (17e + 17f)							
h. APPROVED OPERATIONS AMOUI	NT						
18. MAINTENANCE AND REPAIR							
a. Service Calls							
b. Routine Maintenance and Repair							
c. Change of Occupancy							
d. Interior Painting (See note 2.)							
e. Exterior Painting (See note 2.)							
f. Self-help							
g. Grounds Maintenance (See note 3.) Approved Regional waiver on grounds maintenance? YES	NO						
h. Incidental Improvements (See note	<i>3.)</i>						
i. Major Repairs (See note 3.)							
j . Design Cost							
k. Environmental Remediation (See no	ote 3.)						
I. Other Real Property							
m. Exterior Utilities (See note 3.)							
n. TOTAL M&R AMOUNT							
o. APPROVED M&R AMOUNT							
19. LEASING							
20. TOTAL O&M (17g + 18n + 19)							
21. APPROVED O&M AMOUNT							

DESCRIPTION	THIS QUARTER	YEAR TO DATE	BUDGET ESTIMATE CURRENT FY
22. SECURITY/FORCE PROTECTION			
23. OTHER			
a. UPH			
b. OMA			
c. Projects funded by AFH Construction Program (BP6000000)			
d. TOTAL OTHER (23a thru 23c)			
24. GRAND TOTAL (20 + 22 + 23d)			
25. INSTALLATION COMMENTS (Use plain bond p	apor to continuate.		
26. REGION COMMENTS (Use plain bond paper for			
27. HQDA COMMENTS (Use plain bond paper for o	continuation)		
28. CERTIFICATION STATEMENT: I, hereby, certifibest of my knowledge.	y that the above Expenditure F	Report is true and correct base	d on our existing records and to the
a. CERTIFIER NAME	b. SIGNATU	RE	
c. TITLE	d. DATE		
NOTES: 1. Itemize furnishings purchased and cite approva 2. Itemize in block 25 and identify date(s) last pain 3. Itemize in block 25.			